U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

For Official Use Only

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.		
E (MEZ3AM)			
1. File Number U -	2. Fiscal Year Covered From:		
132 03	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name JODY S NIEL	Name B.A.C. LOCAL #9PA		
	Labor Organization File Number 540-049		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 210 REAN ST.	Street 100 KINGSTON DR.		
City JOHNSTON	City PITTSBURGH		
State Pennsylvania ZIP Code + 4 15904	State Pennsylvania ZIP Code + 4 15235		
5. Position in labor organization. FIELD REF.			
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name BRICKLAYERS OF WESTERN PA PENSION FUND	MEETING EXPENSES INCLUDING DINNER ON 5/20/04		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any C/O GEM GROUP	7.b. Amount.		
Street 1200 THREE GATEWAY CENTER			
City PITTSBURGH	\$93		
State Pennsylvania ZIP Code + 4 15222			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
Signed Josly Steel	On 8-9-05 814-262-7463  Date Telephone Number		

Name of Person Filing	JODY NIEL	File Number U-

## **Part A Continuation Page**

A. Held an interest in, engaged in transactions (including loans) with, or derived in employees your organization represents or is actively seeking to represent.	ncome or other economic benefit of monetary value from an employer whose			
6. Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.			
Name BRICKLAYERS OF WESTERN PA PENSION FUND	MEETING EXPENSES INCLUDING DINNER ON 8/19/04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any C/O GEM GROUP	7.b. Amount.			
Street 1200 GATEWAY CENTER	7.U. AMOUNE			
City PITTSBURGH	\$73			
State Pennsylvania ZIP Code + 4 15222				
A. Held an interest in, engaged in transactions (including loans) with, or derived employees your organization represents or is actively seeking to represent.	income or other economic benefit of monetary value from an employer whose			
<ol><li>Name and address of Employer (including trade name if any).</li></ol>	7.a. Nature of Interest, Transaction, or Income.			
Name BRICKLAYERS OF WESTWERN PA PENSION FUND	MEETING EXPENSES INCLUDING DINNER ON 11/18/04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any C/O GEM GROUP				
7 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	7.b. Amount.			
Street 1200 GATEWAY CENTER				
\ <u>\u00e4\u00</u>				
City PITTSBURGH	\$125			
State Pennsylvania ZIP Code + 4 [15222				
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name if any).	7.a. Nature of Interest, Transaction, or Income.			
Name BRICKLAYERS OF WESTERN PA PENSION FUND	MEETING EXPENSES INCLUDING DINNER ON 12/31/04			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any C/O GEM GROUP	7 h Amount			
Street 1200 GATEWAY CENTER	7.b. Arnount.			
	A			
City PITTSBURGH	\$150			
State Pennsylvania ZIP Code + 4 1.5222				
Form I M. 30 (2003)				

Form LM-30 (2003)

Add New Part A